

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36188  
9654

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2167</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3329 MINNESOTA</u>				d. STREET ADDRESS (If rural, give location) <u>16 3329 MINNESOTA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u>		b. (Middle) <u>W.</u>		c. (Last) <u>BOHLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 18 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 22 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months _____		11. UNDER 1 YEAR Days _____		12. UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONFECTIONERY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN BUSINESS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>CHRIS BOHLEN</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIA PRETCH</u>		14. NAME OF HUSBAND OR WIFE <u>ELLEN BOHLEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>497-321044</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELLEN BOHLEN</u>		ADDRESS <u>3329 MINNESOTA</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Prostatitis</u>				<u>6 yrs</u>			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. -----							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>611X</u>			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>46</u> , to <u>Apr 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 12, 1952</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>O.D. Meyer, M.D.</u>		(Degree or title) <u>O.D. Meyer, M.D.</u>		23b. ADDRESS <u>6029 S. Kingshighway B1</u>		23c. DATE SIGNED <u>Oct 20, 52</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>OCT 21 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>OCT 20 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>		ADDRESS <u>2906 Prairie</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harold E. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Ravenna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.